

RICK SNYDER GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

STEVE ARWOOD DIRECTOR

BUREAU OF CONSTRUCTION CODES IRVIN J. POKE DIRECTOR

ELEVATOR SAFETY BOARD

Conference Room 3, First Floor 2501 Woodlake Circle Okemos, MI 48864

AGENDA

March 22, 2013 9:30 a.m.

- 1. Call to Order and Determination of Quorum
- 2. Approval of Agenda (Pages 1-2)
- 3. Approval of Minutes January 18, 2013 (Pages 3-8)
- 4. Review of Elevator Journeyperson Examination Applications:
 - a. Charles Brent Bennett, Class C, Re-Exam (Pages 9-12)
- 5. Review of Elevator Contractor Examination Applications:
 - a. Michael DiMambro, Class A, (Pages 13-17)
 - b. Brian Matson, Class A, (Pages 18-21)
- 6. Review of Elevator Certificate of Competency Examination Applications:
 - a. Daniel K. Butcher, General Inspector (Pages 22-25)
 - b. Dennis Butcher, General Inspector (Pages 26-29)
 - c. Daniel Jeurink, General Inspector (Pages 30-32)
 - d. Dennis Keeley, General Inspector (Pages 33-38)
- 7. Waiver Requests
 - a. Otis Elevator Company, Knapp's Centre, 300 S. Washington Ave., Lansing, Michigan (Pages 39-41)

- 8. Unfinished Business
 - a. Otis Elevator Company, GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan
- 9. Legislative Update
- 10. Division Report
 - a. Chief's Report Cal Roglerb. Accident Report
- 11. New Business
 - a. Experience Forms Keith Lambert
- 12. Public Comment
- 13. Next Meeting Date June 7, 2013
- 14. Adjournment



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ELEVATOR SAFETY BOARD

Conference Room 3, First Floor 2501 Woodlake Circle Okemos, Michigan 48864

MINUTES

January 18, 2013 9:30 a.m.

MEMBERS PRESENT

Mr. David Flint, Chair

Mr. David Kuras, Vice Chair

Mr. William Kogelschatz

Mr. Antwane Maddox

Mr. Donald J. Purdie, Jr.

Mr. Mark Smith

Mr. George Svinicki

MEMBERS ABSENT

Ms. Erin Modiano

Mr. David Taylor

Mr. Eric Thomas

DEPARTMENT PERSONNEL ATTENDING

Mr. Calvin Rogler - Chief, Elevator Safety Division

Ms. Lynn Weston - Office Supervisor, Elevator Safety Division

Mr. Ralph Arceo - General Inspector Elevator Safety Division

Mr. Keith Lambert - Deputy Director, BCC

Mr. Robert Babinski - General Inspector Elevator Safety Division

OTHERS IN ATTENDANCE

Mr. Paul Pawlowski - Schindler Elevator Corporation

Mr. Paul Lytikainen - Schindler Elevator Corporation

Mr. Bob Grutter - Spectrum Health

Mr. Joe Steger – Otis Elevator Co.

Mr. Mark McMillan - Otis Elevator Co.

Mr. Jay Nault - Otis Elevator Co.

Mr. Bryan Kallen – JK Construction Co.

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Flint called the meeting to order at approximately 9:30 a.m. A quorum was determined present at that time.

2. APPROVAL OF AGENDA

A MOTION was made by Board member David Kuras and seconded by Board member Antware Maddox to approve the agenda. MOTION CARRIED.

3. APPROVAL OF MINUTES

A MOTION was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve the minutes of the November 2, 2012 meeting.

MOTION CARRIED

Board member Antwane Maddox moved to the back of the room.

4. REVIEW OF ELEVATOR JOURNEYPERSON APPLICATIONS

a. Charles Brent Bennett, Class C

Following a review of experience and discussion by the board, a MOTION was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Charles Brent Bennett to take the Class C Journeyperson examination.

MOTION CARRIED.

5. REVIEW OF ELEVATOR CONTRACTOR APPLICATIONS

a. Jeffery L. Jameson, Class A, Re-Exam

Following a review of experience and discussion by the board, a MOTION was made by Board member David Kuras and seconded by Board member William Kogelschatz to approve Jeffery L. Jameson to take the Class A Contractor examination. MOTION CARRIED.

b. Sean Patrick Mullett, Class A, Re-Exam - (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member Donald J. Purdie, Jr. to approve Sean Patrick Mullett to take the Class A Contractor examination. **MOTION CARRIED**

c. Raymond Yetter, Class A, Re-Exam – (Passed)

Following a review of experience and discussion by the board, a **MOTION** was made by Board member David Kuras and seconded by Board member George Svinicki to approve Raymond Yetter to take the Class A Contractor examination. **MOTION CARRIED**

6. REVIEW OF ELEVATOR CERTIFICATE OF COMPETENCY APPLICATIONS

Danny Neville II, General Inspector - (Passed)

Following a review of experience and discussion by the board, a MOTION was made by Board member David Kuras and seconded by Board member George Svinicki to approve Danny Neville II to take the Certificate of Competency examination. MOTION CARRIED

b. Douglas E. Priehs, General Inspector - (Passed)

Following a review of experience and discussion by the board, a MOTION was made by Board member William Kogelschatz and seconded by Board member David Kuras to approve Douglas E. Priehs to take the Certificate of Competency examination.

MOTION CARRIED

c. Clint Shepley, General Inspector – (Passed)

Following a review of experience and discussion by the board, a MOTION was made by Board member William Kogelschatz and seconded by Board member George Svinicki to approve Clint Shepley to take the Certificate of Competency examination. MOTION CARRIED

A MOTION was made by Board member Donald J. Purdie, Jr. and seconded by Board member David Kuras to grant the appropriate license/certification to examinees if they successfully pass their respective exams and pay the appropriate licensing fees.

MOTION CARRIED

The following applicants were not reviewed by the board:

- a. Marcus Brothers, Class A Journeyperson
- b. Joseph M. Gwinn, Class A Journeyperson
- c. Antwane Maddox, Class A Journeyperson
- d. James Snook, Class A Journeyperson (Passed)

7. WAIVER REQUESTS

a. Schindler Elevator Corporation, Spectrum Health, Butterworth Hospital, 101 Michigan Ave., Grand Rapids, Michigan.

Variance Request: A request has been made by Schindler Elevator Corporation for a variance to allow for a variance from the American Society of Mechanical Engineers A17.1 – 2007, Section 2.15.9.2, (Guard Plate requirements).

A MOTION was made by Board member Donald J. Purdie, Jr. and seconded by Board member David Kuras to approve the variance request of section 2.15.9.2 and allow a 36 inch toe guard with appropriate proper signage in the machine room or control space adjacent to the controller. Signage shall state "When unintended car movement is detected the emergency brake must stop and hold the car in less than 36 inches".

All of the above is contingent on an acceptable inspection by the Elevator Safety Division onsite review. MOTION CARRIED.

b. Kone Inc., 11864 Belden Court, Livonia, Michigan

Variance Request: A request had been made by Kone Inc. for a variance from American Society of Mechanical Engineers A17.1-2007. Section 2.1.2.2, Construction at Bottom of Hoistway.

A MOTION was made by Board member Donald J. Purdie, Jr. and seconded by Board member George Svinicki to postpone this request until a representative from Kone Inc. is present along with the owner or a representative for the owner, to expand on the variance request. If the variance request is to be withdrawn, a letter from Kone Inc. will be required to indicate this. MOTION CARRIED.

8. UNFINISHED BUSINESS

a. Otis Elevator Co., GM Powertrain, 895 Joslyn Rd., Pontiac, Michigan

A MOTION was made by Board member William Kogelschatz and seconded by Board member David Kuras to postpone this variance request until the next board meeting. Documentation shall be provided by GM PowerTrain to indicate that they are aware that Otis Elevator Co. is acting as a representative for them with the request for a variance from American Society of Mechanical Engineers A17.1-2007, Section 8.7.2.27.5(h) and they accept the risk of not providing this required safety device. MOTION CARRIED

9. <u>LEGISLATIVE UPDATE</u>

Deputy Director Keith Lambert communicated the following:

- a. Public Act 504 of 2012 has been passed. This affects the residential code update cycles.
- b. The Bureau is undergoing an automation project, a vendor has been selected, this will impact permitting, inspection and licensing processes. The Elevator Division will be included in the second phase of this project.
- c. Progress has been made on the rules status for the division. Some details are still being worked out.
- d. Experience forms in terms of sitting for examinations are being drafted. Chairperson David Flint offered a committee to assist with this process. Mr. Lambert indicated a form would be available for review at the next board meeting.
- e. The Bureau and the Construction Code Commission is going forward with a public hearing for proposed fee increases. The elevator division will not be included in proposed increases at this time.
- f. A statute has passed making veterans that have been given an honorable discharge eligible for fee waivers for examination and licensing with the Plumbing, Mechanical, and Electrical Divisions as well as for Building Officials.

10. DIVISION REPORT

- a. Chief's report C. Rogler
- b. Accident report review

The board had questions regarding an accident that occurred with elevator serial # 35596. This accident was reviewed and discussed.

11. NEW BUSINESS

A MOTION was made by Board member David Kuras and seconded by Board member William Kogelschatz that should an exam applicant pass their exam, the successful exam applicants shall have "passed" placed in parentheses after their name in the elevator board meeting minutes. MOTION CARRIED

12. PUBLIC COMMENT

A discussion regarding permits and fees took place.

13. NEXT MEETING DATE

March 22, 2013

14. <u>ADJOURNMENT</u>

A MOTION was made by Board member David Kuras and seconded by Board member George Svinicki to adjourn the meeting at approximately 11:38 a.m. MOTION CARRIED

APPROVED:	•		
	Chair, Elevator Safe	ty Board	Date

Application for Elevator Journeyperson License Examination Michigan Department of Licensing and Regulatory Affairs Bureau of Construction Codes / Elevator Safety Division

P.O. Box 30255, Lansing, MI 48909

OFFICE USE ONLY 517-241-9337 DATE APPROVED www.michigan.gov/bcc REJECTED EXAMINATION FEE: \$100.00 (nonrefundable) 1976 PA 233 Authority: LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals Completion: Mandalory As Required By Section 6
Penalty: Examination Will Not Be Given Penalty:

IMPORTANT - READ CAREFULLY

- •This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- Applicants must have 3 years of continuous experience in the type(s) of elevator work in which they desire to be licensed. A degree in electrical or mechanical engineering may be substituted for 1 year of experience.
- Provide 2 written references.
- •Examination applications not properly completed will be rejected.
- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.

•Mail completed e	examinati	on application	and fee to addre	ss listed at	ove.				· · · · · · · · · · · · · · · · · · ·
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*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

REFERENCES - Enter below the names and addresses of three references and submit not less than two (2) written references with this application from those listed certifying your years of service and type of work performed, i.e. installation, alteration, maintenance, repair, servicing, inspecting or adjusting of elevator equipment. NAME NAME Michael Michaels Frederick Morley ADDRESS ADDRESS CITY ZIP CODE: STATE ZIP CODE STATE NAME Mark Bosley ADDRESS ADDRESS ZIP CODE CITY STATE ZIP CODE STATE EMPLOYMENT HISTORY - Start with present or last employer and list in reverse order. (Attach additional sheets if necessary) State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience. NAME OF PRESENT OR LAST EMPLOYER DATES EMPLOYED (Month / Day / Year) Adaptive Environments, Inc. 3-30-2009 - Present ADDRESS CITY STATE Sterling Heights 43600 Utica Rd Μl YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) YOUR SUPERVISOR'S NAME AND TITLE Mark Bosley Technician JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) Service & Install residential and commercial stairlifts, vertical platform lifts, inclined platform lifts and residential elevators TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulia (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) Geared, traction, roped hydraulic, Acme lead screw DATES EMPLOYED (Month / Day / Year) NAME OF PREVIOUS EMPLOYER FROM: TO: ADDRESS CITY STATE YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) YOUR SUPERVISOR'S NAME AND TITLE JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) ١ TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office. CERTIFICATION AND SIGNATURE I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board. SIGNATURE OF APPLICANT DATE



October 25, 2012

Michigan Bureau of Construction Codes Elevator Safety Division Re: Charles Bennett Journeyperson Application

Dear Elevator Safety Division:

I am writing in support of the application to sit for the Class C Elevator Journeyperson's examination by Charles Bennett.

Mr. Bennett has been working with me at Adaptive Environments Inc. full time since March 30, 2009.

Charles has worked extensively on stairway lifts, platform lifts and residential elevators. He also has working knowledge of Code pertaining to these devices. He is careful and conscientious technician whose workmanship is consistently high caliber.

I believe Mr. Bennett should be allowed to sit for the Class C Elevator Journeyperson's examination and that he would be an asset to the trade as a Licensed Elevator Journeyperson.

Yours Truly,

2201676

Michael Michaels, Journeyman



October 25, 2012

Michigan Bureau of Construction Codes Elevator Safety Division Re: Charles Bennett Journeyperson Application

Dear Mr. Rogler:

Charles Bennett has been working full time for me since March 30, 2009.

I am writing in support of the application to sit for the Class C Journeyperson's examination.

Mr. Bennett's work has involved the installation, maintenance and repair of stair chair lifts, vertical and inclined platform lifts and residential elevators. He has worked in all facets with rack and pinion, screw, winding drum and roped hydraulic machines.

Mr. Bennett is a very competent worker and a very reliable technician.

I feel he would be an asset to our trade as a Licensed Elevator Journeyperson.

If you should have any questions, please let me know.

Youns Truly

Mark F. Bosley, President

Application for Elevator Contractor License Examination Michigan Department of Licensing and Regulatory Affair

> Bureau of Construction Codes **Elevator Safety Division** P.O. Box 30255, Lansing, MI 48909 517-241-9337 www.michigan.gov/bcc

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EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227

Completion: Mandatory As Required By Section 12
Penalty: Examination Will Not Be Given

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals

IMPORTANT - READ CAREFULLY

- •This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- •The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- •Applicant must have at least 5 years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
- Submit 2 written references.
- •Examination applications not properly completed will be rejected.
- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to address listed above.

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*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

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State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience. NAME OF PRESENT OR LAST EMPLOYER ADDRES CITY YOUR SUPERVISOR'S NAME AND TITLE GOODELL CONS JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) ENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) DATES EMPLOYED (Month / Day / Year) STATE YOUR SUPERVISOR'S NAME AND TITLE DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) DATES EMPLOYED (Month / Day / Year) STATE YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) YOUR SUPERVISOR'S NAME AND TITLE PRAVTILE JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office. **CERTIFICATION AND SIGNATURE** I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board. I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes. SIGNATURE OF APPLICANT

DTE Energy



February 21, 2013

Michigan Department of Energy, Labor & Economic Growth Bureau of Construction Codes Elevator Safety Division Elevator Safety Board P.O. Box 30255 Lansing, Michigan 48909

Dear Gentlemen,

I would like to refer Michael P. Di Mambro the opportunity to sit for the State of Michigan Elevator Contractor Exam. I have known Michael P. Di Mambro for the last 6 years at DTE and have worked directly with him for the last two years. I can personally attest to Mike's work skills and work ethics as a DTE Elevator Mechanic.

Brian K. Matson

DTE Energy

Elevator Regional Rep.

Journeyperson License # 2200703

City of Detroit License #'s: Journeyman LIC2006-00759

DTE Energy



February 19, 2013

Michigan Department of Energy, Labor & Economic Growth Bureau of Construction Codes Elevator Safety Division Elevator Safety Board P.O. Box 30255 Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of Michael Di Mambro at DTE Energy. Mike's Class A State of Michigan Elevator Journeyman license number is # 2200560. Mike has worked as a State of Michigan Elevator Journeyperson at DTE Energy since July 26, 2004. Mike is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

Michael G. Cronk General Supervisor 17150 Allen Road Room 165 Melvindale, MI 4815

Melvindale, MI 48150

(313) 389.7712

Application for Elevator Contractor License Examination Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes Elevator Safety Division P.O. Box 30255, Lansing, MI 48909 517-241-9337 www.michigan.gov/bcc

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☐ APPROVED	i	
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EXAMINATION FEE: \$100.00 (nonrefundable)

Authority: 1967 PA 227
Completion: Mandatory As Required By Section 12 Examination Will Not 8e Given

LARA is an equal opportunity employer/program. Auxitiary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

IMPORTANT - READ CAREFULLY

- •This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- •The applicant shall be in a position to submit sufficient information relative to his/her experience, integrity and responsibility.
- Applicant must have at least 5 years of experience as an elevator constructor or journeyperson in the type of elevator work for which they desire the license.
- •Submit 2 written references.
- •Examination applications not properly completed will be rejected.
- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.

Mail completed examination ap	pplication and fee to	address listed	above.					
HAVE YOU PREVIOUSLY APPLIES APPLICANT INFORMATION	D TO TAKE THIS EXA	MINATION?	□ No	⊠ Yes	Tran Oxket 15:	Info: 183 ertan 5	Apti #100	1 02/25/13 .00
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*This information is confidential. Disclosure of confidential Information is protected by the Federal Privacy Act.

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience. NAME OF PRESENT OR LAST EMPLOYER STATE Cit YOUR SUPERVISOR'S NAME AND TITLE JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) DATES EMPLOYED (Month / Day / Year) STATE OUR SUPERVISOR'S NAME AND TITLE Service, Repair, Adjuster, etc. NT WORKED ON (Traction (geared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) ction (beared-Gearless. Tram NAME OF PREVIOUS EMPLOYER DATES EMPLOYED (Month / Day / Year) FROM: TO: ADDRESS CITY STATE YOUR JOB TITLE (Apprentice, Journeyperson, Foreman, Adjuster, etc.) YOUR SUPERVISOR'S NAME AND TITLE JOB DUTIES (New Elevator Construction, Maintenance, Service, Repair, Adjuster, etc.) TYPE OF EQUIPMENT WORKED ON (Traction (geared, gearless), Hydraulio (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office. **CERTIFICATION AND SIGNATURE** I certify all statements are true to the best of my knowledge and that all work shall be done according to the State of Michigan elevator law, rules and regulations adopted by the Elevator Safety Board. I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Michigan Department Licensing and Regulatory Affairs, Bureau of Construction Codes. RE OF APPLICANT DATE

DTE Energy



February 21, 2013

Michigan Department of Energy, Labor & Economic Growth Bureau of Construction Codes Elevator Safety Division Elevator Safety Board P.O. Box 30255 Lansing, Michigan 48909

Dear Gentlemen,

I would like to refer Brian K. Matson the opportunity to sit for the State of Michigan Elevator Contractor Exam. I have known Brian K. Matson for the last 6 years at DTE and have worked directly with him for the last two years. I can personally attest to Brian's work skills and work ethics as a DTE Elevator Mechanic.

Michael P. Di Mambro

DTE Energy

Elevator Regional Rep.

Journeyperson License # 2200560

City of Detroit License #'s: Journeyman LIC2001-06158

DTE Energy



February 19, 2013

Michigan Department of Energy, Labor & Economic Growth Bureau of Construction Codes Elevator Safety Division Elevator Safety Board P.O. Box 30255 Lansing, Michigan 48909

Dear Gentlemen,

This letter is to verify the employment of Brian K. Matson at DTE Energy. Brian's Class A State of Michigan Elevator Journeyman license number is # 2200703. Brian has worked as a State of Michigan Elevator Journeyperson at DTE Energy since February 4, 2009. Brian is fully qualified and licensed to perform, or to provide supervision in the performance of, the work of installation, alteration, maintenance, repair, servicing adjusting inspecting, or testing elevators at DTE Energy.

Michael G. Cronk General Supervisor 17150 Allen Road Room 165 Melvindale, MI 48150 (313) 389.7712

Application for Elevator Certificate of Competency Examination Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes Elevator Safety Division P.O. Box 30255 Lansing, MI 48909 517-241-9337

www.michigan.gov/bcc

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REJECTED	4110					
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Tran Info:183 16343463-1 02/05/13

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227

Completion: Mandatory As Required By Section 12
Penalty: Examination Will Not Be Given

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- •Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- •General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.
- •Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- •Examination applications not properly completed will be rejected.
- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- •Mail completed examination application and fee to above address.

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This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

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ThyssenKrupp Elevator



December 17, 2012

State of Michigan Elevator Safety Division P.O. Box 30254 Lansing, MI 48909

Re: Daniel Butcher

To Whom It May Concern:

This letter is to certify that Daniel Butcher is working for ThyssenKrupp Elevator Company, 35432 Industrial Road, Livonia, MI 48150, as an Elevator Mechanic. He has worked on new installation, repair and maintenance of Traction and Hydraulic Elevators.

He started working in the Elevator Industry on November 15, 1985.

Helen

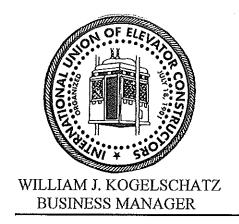
It is his desire to further qualify himself by examination to receive a certificate of competency on his own abilities.

Sincerely,

Brenda Mullett

Office Manager

Cc: Employee File



INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911 (517) 882-0100 PHONE (517) 882-1970 FAX

October 10, 2012

Department of Licensing and Regulatory Affairs Bureau of Construction Codes P.O. Box 30254 Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Daniel K. Butcher is well qualified to take the Certificate of Competency Test. Mr. Butcher has been in the elevator trade continually since November 15, 1985 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Butcher is very knowledgeable and a highly respected individual. He gets along well with others and is spoken very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

William J. Kongelickely-

WJK/tlv

Application for Elevator Certificate of Competency Examination

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes Elevator Safety Division P.O. Box 30255 Lansing, MI 48909 517-241-9337 www.mlchigan.gov/bcc

OFFICE U	SE ONLY
DIVISION ACTION SUBMITTED TO BOARD	DATE 2.26.13
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EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227

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- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EX	AMINATION	? ⊠ No	□ Ye:	s		Than Chki Ma	i info:180 1840:073-1 02/20/1 : AMT: 450:00 DENNIS D SUTCHER
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Do you currently hold an elevator contractor license?	[XNo	☐ Yes	Class	□а	□в	□с	License No.
Do you currently hold an elevator journeyperson license	? 🗆 No	£XYes	Class	ΣA	□в	□с	License No. 2200552
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HIGH SCHOOL							
Morrice High School 691 Pure	dy lane I	Morrice mi	. 48857				
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SPECIAL TRAINING							

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience.

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address 35432 Industrial Rd	Livonia	STATE Mi.		9/2000	9/2007
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you have a disability and require an accorrofessional, doctor, psychologist, psychiavallable from this office.					
ERTIFICATION AND SIGNATURE					
certify all statements are true to the best of m	ıy knowledge.				
SIGNATURE OF APPLICANT Dennis D Bu	itcher		DATE 02	2-22-13	



International Union of Elevator Constructors

P.O. Box 32451

1640 Porter Street

Detroit, Michigan 48216

Phone 961-0717

February 6, 2013

Michigan Department of Labor & Economic Growth Bureau of Construction Codes Elevator Safety Division Elevator Safety Board P.O. Box 30255 Lansing, Mi 48909

To Whom It May Concern:

This letter is to attest to the start date in the Elevator Industry of Dennis D. Butcher as being June 7, 1995.

Please be further advised that he has experience in the construction, installation, maintenance and servicing of elevator equipment. I recommend that he be allowed to sit for the Certificate of Competency Exam.

Hoping this information is both useful and complete, I am:

Sincerely,

David Kuras

Business Manager / Financial Secretary

ThyssenKrupp Elevator



March 9, 2012

ThyssenKrupp Elevator

35432 Industrial Road

Livonia, MI 49512

Re: Dennis Butcher

To whom it may concern,

This letter is to confirm that Dennis Butcher worked as an IUEC mechanic for ThyssenKrupp Elevator during the period 2000 and 2007.

During his tenure with TKE, Dennis worked in all aspects of the business including new installation, modernization, service and maintenance.

Sincerely,

Rod Kearns, Construction Manager

ThyssenKrupp Elevator

Application for Elevator Certificate of Competency Examination

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes Elevator Safety Division P.O. Box 30255 Lansing, MI 48909 517-241-9337 www.michigan.gov/bcc

OFFICE U	SE ONLY
DIVISION ACTION SUBMITTED TO BOARD	DATE 2-27-13
T REJECTED	INITIALS LAB
BOARDACTION	DATE
☐ APPROVED	
REJECTED	

Tran Info:183 18410313-1 02/22/13

Ast: 450.00

Chief:

EXAMINATION FEE: \$50.00 (nonrefundable)

Authority: 1967 PA 227

Completion: Mandatory As Required By Section 12
Penalty: Examination Will Not Be Given

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals

IMPORTANT - READ CAREFULLY

- •This application must be on file in the office of the Elevator Safety Division, Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, P.O. Box 30255, Lansing, Michigan, 48909, on or before the twentieth day proceeding the date of the examination.
- •Examinations will be held at location and on dates designated by the Elevator Safety Board in accordance with 1967 PA 227.
- •General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- •Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.

III No

☐ Yes

- •Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- Examination applications not properly completed will be rejected.
- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

APPLICANT INFORMATION	IO: DANIEL J JELRINK
TYPE	Address of the Control of the Contro
☐ General ☐ Special	
Daniel Jeyrink	SOCIAL SECURITY NUMBER*
ADDRESS	TELEPHONE NUMBER (Include Area Code)
CITY	Michigan 19333
Do you currently hold an elevator contractor license?	☐ Yes Class ☐ A ☐ B ☐ C License No
Do you currently hold an elevator journeyperson license?	IZYes Class IVA □ B □ C License No. 220/683
EDUCATION AND TRAINING	
CHECK THE HIGHEST GRADE COMPLETED	
□ 6 or Less □ 7 □ 8 □ 9 □ 10 □ 11	1 2
☑Yes, Year 🗘 OOU 🗆 No □ Yes	COMPLETED HIGH SCHOOL, HAVE YOU TAKEN THE G.E.D. TEST TO EARN HIGH SCHOOL EQUIVALENCY?
Thornapple Kellogg	High School
COLLEGE OR UNIVERSITY (ATTENDED OR ATTENDING)	
SPECIAL TRAINING IUEC apprentices	hip 4 year Program

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

State definitively your qualifying installation and servicing experience on equipment, similar to that for which license is required. Give names and addresses of firms with whom employed, duties, length of service and dates of employment. Present available documentary evidence to substantiate experience. DATES EMPLOYED (Month / Day / Year) STATE YOUR SUPERVISOR'S NAME AND TITLE DATES EMPLOYED (Month / Day / Year) FROM: DATES EMPLOYED (Month / Day / Year) YOUR SUPERVISOR'S NAME AND TITLE ared, gearless), Hydraulic (direct, roped), Stage Lift, Sidewalk, Escalators, etc.) If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office. CERTIFICATION AND SIGNATURE I certify all statements are true to the best of my knowledge.



INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911 (517) 882-0100 PHONE (517) 882-1970 FAX

February 21, 2013

Department of Licensing and Regulatory Affairs Bureau of Construction Codes P.O. Box 30254 Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Daniel J. Jeurink is well qualified to take the Certificate of Competency Test. Mr. Jeurink has been in the elevator trade continually since May 8, 2006 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Jeurink is very knowledgeable and a highly respected individual. He gets along well with others and is spoken very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

William J. Kogelschatz

WJK/tlv

183

Application for Elevator Certificate of Competency Examination

Michigan Department of Licensing and Regulatory Affairs

Bureau of Construction Codes Elevator Safety Division P.O. Box 30255 Lansing, MI 48909 517-241-9337 www.michigan.gov/bcc

OFFICE U	SE ONLY
DIVISION ACTION	DATE
SUBMITTED TO BOARD	5715
<u>_</u>	INITIALS
☐ REJECTED	FIII
BOARD ACTION	DATE
☐ APPROVED	
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☐ REJECTED	

Tran Info:183 18421328-1 02/35/13 ART# \$50.00

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EXAMINATION FEE: \$50.00 (nonrefundable)

Completion: Mandatory As Required By Section 12
Penalty: Examination Will Not Be Given

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals

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- •General inspector applicants must have 3 years of experience in elevator construction. Special inspector applicants must have 3 years of experience in designing, installing, maintaining or inspecting elevators.
- Applicant shall record his/her formal education and names of his/her previous employers, date of employment and type of work performed.

Ø No

☐ Yes

- •Provide a written reference from one or more previous employers certifying the applicant's character and experience.
- •Examination applications not properly completed will be rejected.
- •The examination fee must accompany this application. Make check or money order payable to the State of Michigan.
- Mail completed examination application and fee to above address.

HAVE YOU PREVIOUSLY APPLIED TO TAKE THIS EXAMINATION?

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Do you currently					□No	⊠ Yes	Class	J⊒, A	□в		License No. 2200154
											
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*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

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INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

AFFILIATED WITH THE AFL-CIO

LOCAL 85

5800 EXECUTIVE DRIVE, LANSING, MI 48911 (517) 882-0100 PHONE (517) 882-1970 FAX

February 18, 2013

Department of Licensing and Regulatory Affairs Bureau of Construction Codes P.O. Box 30254 Lansing, MI 48909

ATTN: Cal Rogler, Chief Elevator Inspector

This is to inform you that Dennis W. Keeley is well qualified to take the Certificate of Competency Test. Mr. Keeley has been in the elevator trade continually since February 13, 1978 and has continuous experience in service, modernization, maintenance, as well as new elevator installation and construction.

Mr. Keeley is very knowledgeable and a highly respected individual. He gets along well with others and is spoken very highly of amongst his co-workers. I personally believe he would be an attribute to the Elevator Safety Division and do an excellent job of working as a State Inspector. If you have any questions, please feel free to call.

Sincerely,

William J. Kogelschatz

William J. Kogelschatz

WJK/tlv



RICK SNYDER GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

STEVE ARWOOD DIRECTOR

BUREAU OF CONSTRUCTION CODES IRVIN J. POKE DIRECTOR

February 27, 2013

TO:

Members of the Elevator Safety Board

FROM:

C.W. Rogler, Chief, Elevator Safety Division

SUBJECT:

Variance Request for Otis Elevator Company

APPLICANT REPRESENTATIVE:

Doug Datema, Otis Elevator Co. Mike Gnewkowski, Otis Elevator Co.

APPLICANT:

Eyde Company 4660 S. Hagadorn Rd.,Suite 660 P.O. Box 4218 East Lansing, MI 48826-4218

AUTHORITY:

MCL 408.808(1)(c) of the Elevator Safety Board Act, 1967 PA 227

VARIANCE REQUEST:

A Request has been made by Otis Elevator Company for a variance to allow the use of an existing pit with a depth of 4 feet, 2 inches. As ASME A17.1-2007 Section 2.15.9.2 (a) requires the platform guard shall not be less than 48 inches of straight vertical face, this variance is for a shorter platform guard.

APPLICABLE CODE SECTION:

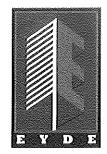
ASME A17.1-2007 Section 2.15.9.2.

FINDINGS:

ASME A17.1-2007 Section 2.15.9.2.

RECOMMENDATION: Staff recommends that the variance only be approved if the board believes reasonable safety will be secured.

EYDE COMPANY



4660 S. Hagadorn Rd., Suite 660 P.O. Box 4218 East Lansing, MI 48826-4218 Telephone: (517) 351-2480 FAX: (517) 351-3946

February 25, 2013

Mr. Calvin W. Rogler
Chief Inspector
State of Michigan
Elevator Safety Division
Bureau of Construction Codes
P.O. Box 30254
Lansing, Michigan 48909

Subject:

Knapp's Centre Redevelopment

Freight Elevator Pit Depth Variance

Dear Mr. Rogler:

The Knapp's Centre is a historic building located in downtown Lansing. The building was originally constructed during the 1930's and is currently undergoing a historic renovation to become a mixed use facility containing retail/restaurant space, office space and multi-family units. As part of the renovation, we will be installing a new 5000# elevator car and service equipment in the existing service elevator hoist way and elevator pit.

We have been advised by Otis Elevator Company and Granger Construction Company that the existing elevator pit is 4'-2" deep and pursuant to A17.1 2007, Section 2.15.9.2 all elevator pits shall be no less than 5'-0" deep.

The existing pit is located adjacent to the west foundation wall at the property line. There is another building immediately adjacent to said foundation wall. This encompassed with concerns pertaining ground water infiltration during pit modification, structural retrofits and unknown subsurface conditions make modifying the existing elevator pit extremely difficult. Extending the existing elevator pit depth would affect the buildings foundation and potentially the structure of the adjacent building.

We hereby request that our variance for the modernization of the service elevator for the aforementioned project be reviewed at the March 22, 2013 Board Meeting.

We thank you in advance for your consideration of this variance request. If you have any questions or require any further information, please do not hesitate to call.

Mr. Calvin W. Rogler
Chief Inspector
State of Michigan
Elevator Safety Division
Bureau of Construction Codes
Page 2

Sincerely,

EYDE COMPANY

Mary Cooley

Construction Superintendent

Office: (517) 351-2480 Fax: (517) 351-3946 Cell: (517) 749-4166

E-mail: mary.cooley@eyde.com

cc: Mark Clouse, Jim Rundell – The Eyde Company

Elisabeth Knibbe, Brad Cambridge - Quinn Evans Architects Pete Kramer, John Spears — Kramer Management Group Joe Durfee, Tom Theis, Terry Gordon — Granger Construction Doug Datema, Mike Gnewkowski — Otis Elevator Company